

# Old Republic Insurance Company of Canada Student Accident Insurance

## For the Period Commencing On or After August 1, 2016

This is Your Policy

### A. 10 DAY FREE LOOK

Please take the time to read this Policy and the Confirmation of Coverage that is sent to you. If you have any questions you may contact us at 1-800-665-8990. You may cancel this Policy within **10 days** of the date on the Confirmation of Coverage for a full refund if there is no claim in process.

### B. READING THIS POLICY

Capitalized words in this Policy are defined terms whose definition appears in **Section I** – Policy Definitions.

### C. WHO IS ELIGIBLE FOR COVERAGE?

A Student, which we define as:

#### Super Plan Plus, Super Plan, Plan 3, Plan 2 & Plan 1:

A person, over **6 months** of age and under **21 years** of age who resides in Canada, excluding the province of Quebec, is enrolled with and in regular attendance on a full time basis (minimum of **3** concurrent courses), with a Canadian kindergarten, elementary or secondary school or any licensed or registered daycare, playschool or preschool and who has not taken or made arrangements to take full time permanent employment. A person enrolled in a home schooling programme is eligible only if their curriculum is approved by the school board or Provincial Ministry of Education.

#### University/College Plan:

A person who resides in Canada, excluding the province of Quebec, and:  
1) is enrolled with and in regular attendance on a full time basis (minimum of 3 concurrent courses), with a Canadian university or college; or  
2) is **21 years** of age or older and enrolled with and in regular attendance on a full time basis (minimum 3 concurrent courses) with a Canadian secondary school.

### D. PERIOD OF COVERAGE

Coverage under this Policy begins the date the application and the required premium is received by Old Republic Insurance Company of Canada or its authorized representative.

Coverage continues until the earlier of:

- the expiration date shown on the Confirmation of Coverage; or
- the date the Insured ceases to be a Student as defined above.

This Policy is in effect **24 hours** per day, every day during the Period of Coverage.

### E. WHAT THIS POLICY COVERS

This Policy will pay the benefits described in **Section G**, which arise from Injuries sustained by the Insured as a result of an Accident that occurs during the Period of Coverage. The benefits for dread disease and counselling in **Section G** are payable as described whether or not an Accident has occurred. The Super Plus Travel Protection Benefit described in **Section H** apply only to those who have purchased the Super Plan Plus.

All benefits payable are subject to the Conditions & Limitations described in **Section J** and the Exclusions described in **Section F**.

### Special Note:

If during the Period of Coverage the Insured no longer meets the eligibility requirements for the plan purchased but does meet the requirements for the University/College Plan, then some benefit limits described in the multi-year plan will change to the **lesser of** the benefit limits of the plan purchased or the following:

Total and Permanent Disability .....	\$100,000
Dismemberment or Loss of Use .....	\$100,000
Accidental Death .....	\$10,000
Unlimited Dental .....	1 Year After Date of Accident
Accidental Dental Benefits After 1 Year From Date of Accident .....	\$0

In addition, there is no longer coverage under the Super Plus Travel Protection Benefit.

### F. EXCLUSIONS

No benefit is payable under this Policy for:

- any loss resulting from any intentionally self inflicted injury while sane or insane;
- Sickness, except as described in the Dread Disease Benefit, Counselling Benefit, and Super Plus Travel Protection Benefit;
- purchase, repair or replacement of eyeglasses, contact lenses, orthotic devices, trusses, braces or prescriptions thereof (except as otherwise provided herein);
- any loss resulting directly or indirectly, wholly or partially from any of the following causes:
  - the Insured's or a beneficiary's commission or attempt to commit a wilful, criminal or malicious act;
  - the Insured's abuse of drugs or medications, use of illicit drugs or a blood alcohol level in excess of 80 milligrams of alcohol in 100 millilitres of blood.

### G. BENEFITS

#### 1. Total and Permanent Disability

	Maximum Benefit Limit
Plan 1	\$ 50,000
Plan 2	\$ 75,000
Plan 3	\$ 100,000
Super Plan	\$ 150,000
Super Plan Plus	\$ 350,000
University/College Plan	\$ 100,000

When an Injury results in the Total and Permanent Disability, but not loss of life of the Insured, the Company shall pay the maximum benefit limit for the plan purchased, less any amount paid/payable under any other benefit of this Policy, subject to the following provision: the Total and Permanent Disability must be such that the Insured shall be judged by Competent Medical Authorities to be totally and permanently disabled. No benefit is payable under this provision if the Insured dies within **12 months** after the Accident or prior to being so judged, whichever is later.

#### 2. Accidental Death

	Maximum Benefit Limit
Plan 1	\$ 5,000
Plan 2	\$ 10,000
Plan 3	\$ 10,000
Super Plan	\$ 20,000
Super Plan Plus	\$ 30,000
University/College Plan	\$ 10,000

The death benefit is payable when death occurs as the result of an Injury, as defined in this Policy. The Company shall pay the maximum benefit limit for the plan purchased

#### 3. Double Indemnity Accidental Death

The amount of indemnity for death will be doubled if death arises from an Accident which occurs while riding, boarding or alighting from any school vehicle owned or leased by a proper school authority or any bus, streetcar or subway coach.

#### 4. Dismemberment or Loss of Use

When an Injury does not result in death of the Insured within **90 days** after the occurrence of the Accident, but does result in any of the following losses within **365 days** of the Accident, the Company will pay the benefit listed according to the plan purchased, for any one of the injuries described in the chart below. If more than one Injury described is suffered in the same Accident, only the greatest benefit is payable, less any amount previously paid/payable under any other benefit of this Policy. Only amounts paid under the prosthetic appliances benefit will not be deducted from this benefit. For this benefit to be payable, proof must be submitted from Competent Medical Authorities that the dismemberment or loss of use is permanent and has been continuous for a period of **12 months** from the date of the Accident causing the Injury.

Dismemberment or Loss of Use:	Plan 1	Plan 2	Plan 3 & University /College	Super Plan & Super Plan Plus
both hands or both feet at or above wrists or ankles	\$50,000	\$75,000	\$100,000	\$150,000
one hand and one foot at or above wrist or ankle	\$50,000	\$75,000	\$100,000	\$150,000
one hand or one foot at or above wrist or ankle and the entire sight of one eye	\$50,000	\$75,000	\$100,000	\$150,000
the entire sight of both eyes	\$50,000	\$75,000	\$100,000	\$150,000
one arm at or above elbow or one leg at or above knee or hearing in both ears or speech	\$15,000	\$22,500	\$30,000	\$45,000
one hand at or above wrist or one foot at or above ankle, or the entire sight of one eye	\$10,000	\$15,000	\$20,000	\$30,000
thumb and index finger at or above the metacarpal-phalangeal joint	\$5,000	\$7,500	\$10,000	\$15,000
one or more entire fingers or entire thumb at or above the metacarpal-phalangeal joint or all the entire toes of one foot	\$500	\$750	\$1,000	\$1,500
part of any one finger or thumb (complete severance at or above the proximal interphalangeal joint)	\$150	\$225	\$300	\$450
one entire phalanx of any one finger or one or more toes	\$150	\$150	\$150	\$150

#### 5. Extended Hospital Expense – Unlimited

If within **30 days** of an Accident, and as a result of that Accident, an Insured is confined to Hospital in excess of **24** consecutive hours the Company will reimburse the actual expenses paid for a private or semi-private room for the duration of the confinement. Also included is the rental of a telephone and television up to a combined limit of **\$25** per day for each day of Hospital confinement. This benefit is payable for a maximum confinement of **365 days**. This benefit is not available to anyone not covered by a GHIP.

#### 6. Accident Medical and Rehabilitation Expenses – Up to \$2,000

If an Insured requires treatment of an Injury within **30 days** of an Accident from any of the listed providers, the Company will pay reasonable and necessary medical expenses not covered by a GHIP up to **\$50** per visit for the expenses incurred within **3 years** from the date of the Accident. Payment to all providers is limited to a combined maximum of **\$500** per Accident. The provider(s) must be a legally qualified: chiropractor, osteopath, physiotherapist (excluding athletic therapy), or registered nurse.

The Company will also pay the expense for one purchase per any one Injury for any of the following devices: crutches, splints, orthotic devices, trusses, braces, rental of wheel chair or Hospital bed, prescription drugs and cast of any type. A splint, brace or orthotic device used for non-therapeutic purposes or solely for participation in sports or other leisure activities is not covered.

#### 7. Dental Accident Reimbursement

The Insured is covered if a dental Injury to a whole or sound tooth manifests itself and receives required dental treatment within **60 days** of an Accident. The Company will pay the reasonable and necessary expenses required for dental treatment of the injured tooth/teeth that is completed within **10 years** from the date of the Accident (**1 year** for University/College Plan). If dental development of the Insured child is insufficient to complete the treatment within **10 years** from the date of the Accident, a report from the attending Dentist must be submitted to the Company within **90 days** from the date of the Accident. This report must explain the dental Injury sustained and the reason for the delay in completion of the treatment beyond **10 years** from the date of the Accident. All dental treatment payable under this benefit is limited to only those teeth that sustained an Injury which first manifested itself within **60 days** of the Accident. The amount payable after **10 years** is limited to **\$1,250** per tooth (**\$1,500** per tooth under the Super Plan Plus).

Orthodontic treatment required due to Accident related dental Injuries and received within the time limits indicated in the above will be paid up to a maximum of **\$1,500** per accident.

The following provisions apply to all payments arising out of the dental accident benefit:

- Any payment made under this benefit shall be made in accordance with the current Fee Guide for General Practitioners published by the Dental Association at the time of treatment in the Insured's province or territory of residence, subject to the limits as stated above.
- Capped or crowned teeth shall be considered as whole or sound teeth
- University/College Plan: All necessary dental work must be completed within **1 year** from the date of the Accident.
- No benefit is payable for replacement, adjustment or repair of artificial teeth or dentures, except as otherwise provided, or for any dental treatment provided solely for cosmetic or esthetic reasons.
- Alternative Treatment – where there exists more than one customarily employed and professionally adequate method of treating an Injury to the teeth, the Company will pay an amount equal to the cost of the least expensive treatment.

#### 8. Dread Disease – Up to \$12,000

These benefits are payable if any one of the listed diseases is first diagnosed during the Period of Coverage. The diseases are: AIDS (Acquired Immune Deficiency Syndrome), Diphtheria, Encephalitis, Cancer, Cardiomyopathy, Haemolytic Uremic Syndrome (Renal failure caused solely by E-coli Bacterial infection), Leukaemia, Meningitis, Muscular Dystrophy, Multiple Sclerosis, Myocarditis, Necrotizing Fasciitis, Poliomyelitis, Rabies, Scarlet Fever, Tetanus, Tularaemia and Typhoid.

If an Insured suffers from a named dread disease and requires the employment of a licensed nurse, the Company shall pay the expenses incurred to a maximum of **\$9,000** for such employment.

The Company will also pay: a) the cost of commercial lodging, laundry expenses, and meals, at the rate of **\$100** per day to a maximum of **\$2,500** should the attending Physician advise that the parent or legal guardian leave their usual place of residence to stay closer to the Insured with respect to any one illness; and, b) up to **\$500** for parking or other incidental expenses with regard to this benefit. Expenses under this benefit must be incurred within **3 years** from the date the disease is first diagnosed by a Physician.

## 9. Counselling – Up to \$750

If as a result of the Insured's death, dismemberment, or dread disease as described in this Policy, a Physician recommends counselling for the Insured, his/her parents and/or siblings by a licensed psychologist, the Company will pay the cost of such counselling up to a combined total maximum of **\$750**.

## 10. Confinement Disability – Up to \$21,000

Beginning on the date of an Accident, if the Insured requires continuous uninterrupted confinement to Hospital or home (other than the attendance of medical appointments), the Company will pay **\$500** per month for each month of continuous confinement beginning on the **31st day** after the Accident. This benefit is payable each month for a maximum of **42 months** and is payable only for the initial confinement. It is not payable if subsequent confinements result from the same Accident. To qualify for this benefit the Insured must be under the regular care and attendance of a Physician for the period of confinement.

## 11. Special Training – Up to \$6,000

If an Accident causes Injury to the Insured which requires the Insured to undergo special training to be qualified to engage in an occupation in which he/she would not have engaged except for such Injury, the Company will pay a maximum of **\$6,000** towards that training providing the expense is incurred within **3 years** from the date of the Accident. Included in this benefit is coverage for required meals and accommodation to a maximum of **\$150** per day if the special training is outside the Insured's city/town of residence. This Special Training Benefit is limited to a total maximum of **\$6,000**.

## 12. Special Treatment Travel Expense – Up to \$3,000

If, within **1 year** from the date of an Accident, an Injury requires special treatment that cannot be obtained within a **160 km** radius of the Insured's residence, the Company will pay up to a maximum of **\$60** per day for travel and other necessary expenses. This benefit is limited to a maximum of **\$3,000**.

## 13. Family Transportation – Up to \$1,000

If the Insured is Hospitalized as a result of an Accident and the attending Physician advises that the attendance of a parent or legal guardian is necessary, the Company will pay up to **\$1,000** for the reasonable cost of transportation by economy class on a commercial carrier.

## 14. Tutoring – Up to \$6,000

If, within **90 days** of an Accident, the Insured is totally disabled and confined to their residence for a period in excess of **30 days**, the Company shall pay the expenses incurred within **6 months** of the Accident for tutorial services provided by a qualified teacher holding a current Provincial Ministry of Education Teaching Certificate at a rate not to exceed **\$30** per hour. The Company will also pay for the rental of necessary equipment and required programme software as suggested and approved by the Board of Education in which the Insured is in attendance. All coverage under this benefit is limited to a total of **\$6,000**.

## 15. Dentures and Hearing Aids – Up to \$300

If an Injury to the Insured requires and receives treatment by a Physician or Dentist within **30 days** from the date of the Accident and results in the breakage of dentures, hearing aids, or a removable artificial tooth or teeth of the Insured, the Company will pay the cost of replacement or repair of these devices up to a maximum of **\$300** per Accident.

## 16. Prosthetic Appliances – Up to \$5,500

If prescribed by a Physician and purchased within **3 years** from the date of an Accident, the Company will pay for artificial limbs, eyes and/or hearing aids up to a maximum of **\$5,500** for each Injury resulting in a loss requiring such an appliance. Repairs, adjustments or replacement of same are limited to **\$300** per Accident.

## 17. Special Clothing – Up to \$400

If as the result of an Injury, the attending Physician advises the purchase of special protective clothing, the Company will pay up to **\$400** in respect of all such purchases.

## 18. Emergency Transportation

The expense of a ground ambulance is covered to transport an Insured to the nearest medical facility as a result of an Accident.

If an Accident occurring on school premises requires immediate medical treatment, the Company will pay up to **\$350** for a taxi or the reasonable alternative travel expense incurred per kilometre, as defined by Revenue Canada, in transporting the Insured to the nearest appropriate medical facility.

## 19. Eyeglasses and Contact Lenses – Up to \$300

If an Injury occurs which requires and receives treatment by a Physician, Dentist, or registered nurse within **30 days** of the Accident, the Company will pay up to **\$300** for the replacement or repair of eyeglasses or contact lenses belonging to the Insured that were broken when the Injury was sustained; or, if the Insured requires the use of eyeglasses or contact lenses as a result of the Injury within **30 days** of the Accident, that would not otherwise have been required without the Injury having been sustained, the Company will pay up to **\$300**. This benefit does not cover the replacement of eyeglasses or contact lenses for prescription changes or loss.

## 20. Fracture or Dislocation

When an Injury results in any of the fractures or dislocations listed in the following schedule, the Company will pay the benefit as listed. If more than one Injury described is suffered in the same Accident, only the greatest benefit is payable.

FRACTURE / DISLOCATION OF:	BENEFIT PAYABLE
the skull (depressed)	\$750
the skull (not depressed)	\$250
the spine (one or more vertebrae)	\$250
the lower jaw (alveolar process excepted)	\$ 50
the upper jaw	\$ 75
the shoulder (dislocation), the clavicle (collar bone), or elbow	\$ 75
the hip, the pelvis, or the thigh (femur)	\$125
the knee cap	\$ 80
the sacrum or coccyx	\$ 50
the sternum	\$ 50
the leg (tibia or fibula)	\$100
the upper arm (humerus), or the scapula (shoulder bone)	\$125
the forearm (radius or ulna), the hand or wrist (other than phalanges)	\$ 75
the foot (other than phalanges)	\$ 40
the ankle	\$ 50
two or more toes, fingers or ribs	\$ 45
one rib	\$ 25
one finger or one toe	\$ 25
any bone not specified above	\$ 25

## 21. Out-of-Province/Country Accident Emergency Medical – Up to \$50,000

The Company will pay for Emergency Treatment required for an Injury sustained during the Period of Coverage while the Insured is travelling outside of their province or territory of residence. The Emergency Treatment included in this benefit are the services of a Physician, Hospital, x-ray clinic, ground ambulance, necessary and reasonable alternative ambulance service up to **\$1,000**, and/or registered nurse (other than a family member). Also included are the costs for crutches, braces, splints, trusses or other prosthetic appliances, emergency medicine, blood, and/or plasma, and the rental costs for a wheelchair and/or Hospital-type bed.

**All services must be ordered or prescribed by the attending Physician and pre-approved by the Company and its emergency medical assistance provider. The Insured or a travelling companion must notify the Company's 24 hour emergency assistance provider in the event of a loss.**

### 24 HOUR EMERGENCY ASSISTANCE

1-800-334-7787 (Canada/USA) or elsewhere collect 1-905-667-0587

The Company reserves the right to return the Insured to their original point of departure following Emergency Treatment by the form of transportation deemed medically appropriate when medical evidence obtained and the attending Physician confirms the Insured is able to return without endangering the Insured's life or health. All costs incurred are included in the **\$50,000** maximum Policy limit for Out-of-Province/Country Accident Emergency Medical Benefit. Transportation arrangements must be pre-approved by the Company and its emergency medical assistance provider to be eligible.

If the Insured refuses to return to their province or territory of residence as soon as they are medically fit to do so as determined by the attending Physician, the Company, and the emergency medical assistance provider, all benefits under Out-of-Province/Country Accident Emergency Medical Benefits will cease.

No benefit is payable to return the Insured to the trip destination or to rejoin the trip or tour.

This benefit is limited to trips not exceeding **30 days** outside the Insured's province/territory of residence.

This Policy benefit maximum is reduced from **\$50,000** to a maximum limit of **\$3,000** for anyone not covered by a GHIP.

The Company's and the emergency assistance provider's obligation to provide services described in this Policy are subject to the conditions, limitations and exclusions set out in this Policy. The medical professional(s) suggested or designated by the Company or the emergency assistance provider to provide services according to the benefits and terms of this Policy are not employees of the Company or the emergency assistance provider. Therefore, neither the Company nor the emergency assistance provider shall be held responsible or liable for any negligence or other acts or omissions on their part, nor for the availability, quality, quantity or results of any Emergency Treatment or service you may receive or your failure to obtain or receive any Emergency Treatment or service.

#### **H. SUPER PLUS TRAVEL PROTECTION BENEFIT**

The following additional benefits apply to any Insured that has purchased the Super Plan Plus.

**Cancellation Insurance:** The Company shall pay the Insured the prepaid non-refundable costs up to a maximum of **\$1,000** for the entire cancellation of a trip reservation prior to departure due to Sickness, Injury, or death of the Insured. No other cause of cancellation is covered. The Sickness or Injury must be documented by the attending Physician who is required to be informed of the upcoming travel plans. Payment is limited to the lesser of **\$1,000** or the amount of the non-refundable cancellation penalty in place within **72 hours** of the Physician's advice to cancel. Cancellation due to emotional or mental disorders is not covered unless the Insured is Hospitalized.

**Airflight Accidental Death Insurance:** An additional **\$5,000** of coverage under the Accidental Death Benefit if the Insured dies within **90 days** of an Injury sustained as a result of the Insured riding as a fare paying passenger (not as a pilot, operator or crew member) on an aircraft maintained by a Scheduled Airline.

**Out of Province/Country Emergency Medical Benefits:** An additional **\$50,000** of coverage under the Out-Of-Province/Country Accident Emergency Medical Benefit. Coverage is increased to include Emergency Treatment required for Sickness that first arises while outside the Insured's province or territory of residence during the Period of Coverage.

The additional benefit maximum is reduced from **\$50,000** to a maximum limit of **\$2,000** for anyone not covered by a GHIP.

**Emergency Return Flight:** The Company shall pay the Insured up to a maximum of **\$1,000** for the additional airfare to return to the original departure point due to a Sickness or Injury of the Insured. No other cause for interruption is covered. The Sickness or Injury must be documented by the attending Physician. Payment is limited to the lesser of a one-way economy airfare or change fees on existing tickets, less any refunds received.

**Repatriation of Remains:** Up to a limit of **\$3,000**, in the event of an Insured's covered death occurring after the departure date, the Company will pay either the cost of the actual expense incurred for conveyance of the body of the Insured to the outbound point of departure or for the reasonable cost for burial or cremation abroad.

**Pre-Existing Medical** or related conditions are covered provided that the Insured had not received treatment or required the use of medication for the Pre-existing Medical Condition during the **3 month** period prior to the departure date. Pre-existing Medical Conditions are not covered if the condition was present prior to or on the date of departure and would have prevented an ordinarily prudent person from travelling.

**Exclusions Pertaining to the Super Plus Travel Protection Benefit:** In addition to the exclusions listed here, the Conditions & Limitations listed in **Section J** and Exclusions listed in **Section F** also apply. No benefits are payable under this section of the Policy caused by the following activities: suicide or attempted suicide; declared or undeclared war, hostility, civil war, riot, insurrection, invasion, terrorism or any act of hostility thereof; participation in any of the following: armed forces training exercises or manoeuvres, sporting events of a professional nature for remuneration, motor or motorized racing competition, mountaineering, parachuting, skydiving, parasailing, bungee jumping, gliding or piloting an aircraft or underwater activities of a professional nature.

Any expenses resulting from the following are also excluded from the Super Plus Travel Protection Benefit: a payment which contravenes any plan of any government or political subdivision or law in Canada; pregnancy, miscarriage, childbirth or complications within **2 months** of the expected date of birth; a journey undertaken for the purpose of securing or with the intent of receiving medical attention, Hospital, or dental services; mental health disorders; expenses incurred inside of the Insured's province or territory of residence, maintenance therapy for existing medical conditions or Hospital/medical expenses incurred on an elective non-emergency basis.

#### **I. POLICY DEFINITIONS**

**Accident:** means a happening due to external, violent, sudden, or fortuitous causes beyond the Insured's control which occurs during the Period of Coverage.

**Company, Our, Us, We:** means Old Republic Insurance Company of Canada.

**Competent Medical Authorities:** means legally licensed Physicians who hold a specialty directly related to the nature of the cause of disability and who are recognized by the Company as qualified to make an assessment.

**Dentist:** means any person, other than the Insured or any member of his or her family, who is duly licensed to practice dentistry in any province/territory of Canada.

**Emergency Treatment:** means any medical, therapeutic or diagnostic procedure which is necessary to prevent or alleviate existing danger to life or health. Emergency Treatment is not required when medical evidence indicates that the Insured is able to return to his her province/territory of residence.

**GHIP:** means any Canadian government, including provincial/territorial government, health insurance plan.

**Hospital:** means a duly licensed facility which accommodates inpatient care, which has registered nurses on a full-time basis, a laboratory and an operating room where surgical operations are performed by qualified surgeons. Excluded are convalescent homes, rest homes, nursing homes, homes for the aged, hospices, drug and alcohol treatment centres, health spas or clinics or any facility not operated **24 hours** per day under the supervision of a Physician.

**Injury:** means sudden bodily damage caused by an Accident during the Period of Coverage causing the Insured to seek Emergency Treatment.

**Insured:** means a person who has applied for the insurance, meets the eligibility requirements in **Section C** and for whom the appropriate premium has been received by Old Republic Insurance Company of Canada or its authorized representative.

**Physician:** means any person, other than the Insured or an Insured's family member, who is qualified and legally licensed to practice medicine, perform medical treatment and/or surgery, within the scope of their license where the medical services are rendered.

**Pre-Existing Medical Condition:** means a medical condition for which treatment has been received or taken, including prescribed medication, or which exhibited symptoms prior to the departure date of a trip as referred to in the Super Plus Travel Protection Benefit.

**Scheduled Airline** means any aircraft operated by an airline licensed for the transportation of passengers for hire, and which maintains regular published schedules (including any chartered flights by such airlines or licensed tour companies).

**Sickness:** means an acute illness, acute pain and suffering or a disease that requires Emergency Treatment or Hospitalization due to the first onset of symptoms during the Period of Coverage.

**Total and Permanent Disability:** means the inability to ever engage in any occupation or employment for wages or profit.

#### **J. CONDITIONS & LIMITATIONS**

1. In no case may an Insured be covered under more than one plan with the Company. Excess premiums paid shall be refunded upon request.
2. Any benefits payable under this Policy are excess of any other coverages the Insured may have with any other insurance company or any other source of recovery.
3. With the exception of the "10 Day Free Look" on page 1, premium refunds are not available.
4. Benefits are not available to any insured attending any school outside of Canada.
5. The Company shall have the right to have the Insured examined by one or more Physicians of its choice prior to determining whether or not a benefit is payable under this Policy.
6. This contract is subject to the statutory conditions in The Insurance Act of the province or territory of the Insured's residence. In the event that this Policy and the appropriate Insurance Act disagree, the Insurance Act will prevail.

#### **K. SUBROGATION RIGHTS**

Old Republic Insurance Company of Canada, upon making any payment or assuming liability under this Policy, shall be subrogated to all rights or recovery of the Insured against any person or corporation and may bring action in the name of the Insured to enforce such rights.

#### **L. CO-ORDINATION OF BENEFITS**

If an Insured is entitled to similar benefits through any other insurer, the benefits payable under this insurance shall be co-ordinated so that the total benefits from all insurers shall not exceed the actual loss incurred.

#### **M. SUBMITTING A CLAIM**

1. Please reference the Insured's Policy number that appears on the Confirmation of Coverage.
2. Claim forms can be obtained from any of the following sources:
  - a) Your school office
  - b) The Student Accident Claims department at: Old Republic Insurance Company of Canada  
1 (800) 463-5437
3. The parent completes the front portion only.
4. The attending Physician or Dentist must complete the back portion of the appropriate claim form and attach an itemized account.
5. Claims forms should be submitted to:  
Old Republic Insurance Company of Canada  
Student Accident Claims Department  
P.O. Box 557,  
Hamilton, Ontario, L8N 3K9
6. The Company must be notified within **60 days** of the occurrence of any covered loss. Claim forms along with the initial dental or Physician's report must be submitted within **90 days** of the date of the loss. If the Insured is under the age of **18**, it is the responsibility of the parent or legal guardian to submit the required claims information.

7. Subject to the Conditions & Limitations, and Exclusions sections of this Policy, the Company will review and approve claims for payment. Any action or proceeding against the Company for the recovery of any claim under this Policy shall not be commenced more than **2 years** after the date the loss is payable or would have been payable if it had been a valid claim under this Policy.
8. All benefits payable are paid to the parent or legal guardian when the Insured is a minor, otherwise to the Insured or the Insured's estate.

#### **N. PRIVACY POLICY**

The Company is committed to protecting your privacy. Collecting personal information about you is essential to Our ability to offer you high quality insurance products and service. The information provided by you will only be used for determining your eligibility for coverage under the Policy, assessing insurance risks, managing and adjudicating claims and negotiating or settling payments to third parties. This information may also be shared with third parties such as other insurance companies, health organizations and GHIP to adjudicate and process any claim. In the event that we must share your information with a third party who conducts business outside of Canada, there is a possibility that this information could be obtained by the government of the country in which the third party conducts business. We take great care to keep your personal information accurate, confidential and secure.

Our privacy policy sets high standards for collecting, using, disclosing and storing personal information. If you have any questions about the Company's privacy policy, please contact our Privacy Officer at 905-523-5587 or email at: [privacy@oldrepublicgroup.com](mailto:privacy@oldrepublicgroup.com).

Underwritten by  
Old Republic Insurance Company of Canada



Paul M. Field, CPA, CA  
President and Chief Executive Officer

**MANESA1617**